

Eligible Training Provider Assurances Form

Date _____

Karen Pyle, Research Analyst
Workforce Training and Education Coordinating Board
128 10th Avenue SW
PO Box 43105
Olympia, WA 98504-3105

Dear Ms. Pyle:

Part A. I certify that _____ (name of school/organization):

- (a) is a legal entity, registered to do business in Washington State
- (b) is eligible to receive Federal funds
- (c) does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, handicap, citizenship, political affiliation or belief
- (d) complies with the 1990 Americans with Disabilities Act (ADA)
- (e) has demonstrated effectiveness in operating occupational classroom training programs(s) including provision of placement assistance
- (f) agrees that provider facilities, classroom instruction, relevant financial records, and attendance records may be reviewed during the period of performance of any voucher by state, federal and/or local monitors or auditors to ensure compliance with funding requirements

Note: Community and technical colleges and apprenticeship programs do not need to sign Part B of this Assurances Form. Community and technical colleges and apprenticeship programs do not need to collect and submit any data beyond the data regularly submitted, respectively, to the State Board for Community Colleges and the Department of Labor and Industries.

Part B. I certify that staff of _____ (name of school/organization) have reviewed the data reporting requirements established for private vocational schools and eligible training providers posted at: www.wtb.wa.gov. We agree to provide the Workforce Training and Education Coordinating Board (WTECB) required student records for each of the programs we identified in our on-line Eligible Training Provider application. We agree to submit the student records no later than December 15, 2002.

Finally, I understand that WTECB will not process my school/organization's Eligible Training Provider application without receiving this Assurances Form.

Signature

Date

Title of Signatory

Print Name of Signatory

Name of School/Organization

Address and Contact Phone Number